RHODE ISLAND DEPARTMENT OF CORRECTIONS

POLICY AND PROCEDURE

DIRECTOR: Wayne P. Salisbury Jr.

POLICY NUMBER:	EFFECTIVE DATE:	SUBJECT:
18.09-4 DOC	10/01/2025	DEATH OF INMATES UNDER RIDOC SUPERVISION

LAST REVIEWED:	SECTION: HEALTH CARE SERVICES	SUPERSEDES:
10/2025		18.09-3 DOC

AUTHORITY: Rhode Island General Laws (RIGL) § 42-56-10(22), Powers of the director

REFERENCES: RIGL §12-28-3(a)(13), Victim's Rights; § 23-4-7, Reporting of certain deaths required – Violations – Penalties; § 23-18.1-1, Disposition of Bodies to be Buried With Public Funds; NCCHC standards J-09, Notification in Emergencies; J-10, Procedure in the Event of an Inmate Death; PA-10, Procedure in the Event of an Inmate Death; The most recent versions of RIDOC policies 1.06 DOC, Public Information/Media Access; 9.37 DOC, Security and Control of Offenders at Outside Hospitals and Medical Clinics; 18.05 DOC, Continuous Quality Improvement and Physician Peer Review; 18.77 DOC, Behavioral Health Services

INMATE/PUBLIC ACCESS: YES	AVAILABLE IN SPANISH: YES

I. PURPOSE:

To establish an appropriate notification and response plan in the event of the death of an inmate in custody or an offender under community supervision at the Rhode Island Department of Corrections (RIDOC).

II. POLICY:

A. In the event of an inmate/offender death, all staff as identified in this policy as well as any victim(s) who is/are registered with the applicable notification system shall be notified immediately. Appropriate documentation must be

entered into the electronic medical record (EMR) and inmate facility tracking system.

B. RIDOC staff members are forbidden from releasing information concerning an inmate/offender's death to news media representatives. All such questions are referred to the Chief of Information and Public Relations or designee.

C. In the event of an inmate death, the responsibility of RIDOC is limited to reasonable efforts to locate next-of-kin pursuant to RIGL § 23-18.1-1.

III. DEFINITIONS:

1. **Qualified Mental Health Professional (QMHP)** – All those qualified to evaluate and care for the mental health needs of inmates. See the most recent version of RIDOC policy 18.77 DOC, Behavioral Health Services.

2. **Responsible Mental Health Authority (RMHA)** – The Clinical Administrator of the Behavioral Health Unit is the Responsible Mental Health Authority (RMHA) and provides mental and behavioral health care services. See RIDOC policy 18.77 DOC, Behavioral Health Services.

3. **Next-of-Kin** – a spouse, partner in a civil union, guardian, or closest living relative, as identified by the inmate, that is responsible for claiming the deceased inmate's body and to whom the RIDOC may release personal possessions, and the balance of the inmate account funds upon death.

IV. PROCEDURES:

A. Notification

1. When an inmate death occurs **on-site**, the staff member who discovers the inmate calls a code white and immediately initiates life saving measures.

   a. The Shift Commander/designee calls 911.

   b. The responding health care provider (e.g., physician, psychiatrist, nurse) notifies the Medical Program Director/designee immediately.

2. When an inmate death occurs **off-site**, the Correctional Officer assigned to the hospital immediately notifies the Shift Commander where the inmate resided and completes the Confirmation of Death Form.

3. For **all** inmate deaths, the Shift Commander/designee of the affected facility notifies:

   a. The Warden of the affected facility;

   b. The Chief Inspector and the Special Investigations Unit (SIU) Investigator assigned to the affected facility;

   c. The Institutional Chaplin;

   d. The Office of Legal Counsel;

   e. Inmate Accounts;

   f. The Records & ID Unit;

   g. The State Police.

   NOTE: The State Police are notified of all sudden deaths, as all deaths are treated as a homicide until proven otherwise.

4. Notification of Next-of-Kin

   a. The Shift Commander/designee contacts the appropriate Institutional Chaplain based on the inmate's religious affiliation.

   NOTE: The Institutional Chaplain of the affected facility contacts the Imam if the deceased inmate was Muslim.

   b. If contact is not made with the Institutional Chaplain within thirty (30) minutes, the Shift Commander/designee will attempt to contact an Institutional Chaplain from another facility.

B. Documentation

1. Health Care Services

a. The provider or nurse on duty immediately documents the following information in the deceased inmate's electronic medical record (EMR) upon notification of a death:

(1) Notified by;

(2) Date and time of death;

(3) Nature of death;

(4) Diagnosis, if known;

(5) Treatment rendered;

(6) Persons notified of death (e.g., Shift Commander, Medical Program Director, Assistant Medical Director, Administrator of Health Care Services) with the times of each notification.

b. Health Care Services staff with any involvement or direct knowledge of the circumstances surrounding the inmate's death must enter a note in the EMR and/or complete an incident report prior to leaving the facility.

c. In the event of a suspected or confirmed suicide, RIDOC's Medical Program Director/designee will ensure that the Responsible Mental Health Authority or designees performs a psychological autopsy within thirty (30) days.

d. A clinical mortality review, overseen by the Medical Program Director/designee, is conducted within thirty (30) days of any death. This review includes the comprehensive care team that provided or was due to provide care to the inmate during incarceration, including medical providers, nurses, Behavioral Health Services staff, dental staff, or any other specialty service provider within Health Care Services, as designated by the Medical Program Director. For more information, see the most recent version of RIDOC policy 18.05 DOC, Continuous Quality Improvement and Physician Peer Review.

e. The Administrator of Health Care Services updates the Departmental death list and disseminates the results to:

(1) The Director;

(2) Assistant Directors;

(3) Medical Program Director;

(4) Assistant Medical Director;

(5) Director of Nursing;

(6) Office of Legal Counsel;

(7) Chief of Information and Public Relations;

(8) Chief Inspector;

(9) Interdepartmental Project Manager (Director's Office);

(10) Administrative Officer, Financial Resources Unit;

(11) Administrator of Planning & Research.

2. Records & ID Unit

The Records and ID Unit Captain immediately updates the inmate facility tracking system once an incident report is forwarded confirming the inmate's death.

C. Disposition of the Body

1. Medical Examiner

a. The Chief Inspector notifies the Medical Examiner of all inmate deaths.

b. Once removal of the inmate's body is authorized, the Medical Examiner takes possession of the body pending further disposition.

c. If a death is considered untimely, the Medical Examiner may perform a post-mortem examination.

2. Financial Responsibilities

   a. Upon notification of an inmate's death, Inmate Accounts staff will freeze the inmate's account.

   b. Once the body of the deceased inmate has been claimed and Inmate Accounts staff receives written verification that all burial expenses have been paid in full, the Inmate Accounts Office can turn over the balance of the inmate's account to the person who claimed the body, as verified by the Medical Examiner's office or funeral director.

   c. In instances where the inmate accounts balance is needed by the next-of-kin to assist with burial expenses, Inmate Accounts staff may directly send payment, up to the costs of the burial expenses, to the funeral director after consulting with the Interdepartmental Project Manager (Institutional Programs and Services).

   d. Release of inmate fund balances that exceed, three hundred dollars ($300) or claims for inmate fund balances from individuals not identified as next-of-kin, must be addressed through Probate Court.

   e. If funds in the deceased inmate's account are inadequate for a basic burial, and if the family of or person claiming the body of the deceased inmate needs financial assistance for the inmate's burial, the Interdepartmental Project Manager (Institutional Programs and Services) refers said individual(s) to the Department of Human Services' (DHS') General Public Assistance (GPA) office.

3. Inmate Burials

   If no next-of-kin is identified once the inmate is deceased, the Interdepartmental Project Manager (Institutional Programs and Services) works with the Medical Examiner's office and designated RI DHS, GPA staff, to provide information necessary for GPA to facilitate disposal of the body as governed by RIGL § 23-18.1-1.

D. Probation & Parole

Probation and Parole staff who receive information regarding a confirmed death of an offender currently on community supervision (i.e., obituary, police report, death certificate) shall enter the information into the Probation and Parole case

management system and forward the supporting documentation to the Records and ID Unit Captain.